



01762.008300

10 P'd PCT/PTO 05 APR 2002

#4 Pte Amdt. (A)

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

D.J.
01/28/03

In re Application of: :
Timo ERIKSSON et al. :
Application No.: 10/018,804 :
Filed: December 21, 2001 :
For: METHOD AND APPARATUS : April 5, 2002
FOR TREATING HIGH PRESSURE)
PARTICULATE MATERIAL :

Examiner: Unassigned

Group Art Unit: Unassigned

4/a

Commissioner for Patents
Washington, D.C. 20231

PRELIMINARY AMENDMENT

Sir:

Prior to examination on the merits, please amend the above-identified application as follows:

IN THE SPECIFICATION:

Please amend the specification by inserting the substitute specification being filed concurrently herewith.

IN THE ABSTRACT:

Please add a new abstract as shown on page 23 of the substitute specification.

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JC02 Rec'd PCT/PTO 05 APR 2002

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) April 5, 2002
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Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	25	MINUS	25	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$42 \$84	\$ 0.00
Fee for Multiple Dependent claims \$140/\$280						—
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed including the additional claims fees.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a ____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Steven E. Warner
Registration No. 33,326

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